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12/10/03
P. 10

I hereby certify that the correspondence upon which this notice is placed is being dispatched with the US Postal Service as first class mail in an envelope addressed to the Commissioner for Patents, Box 1480 Alexandria, VA 22313, or to US Trademark Office, 2800 Crystal Drive, Arlington, VA 22202, on the date set forth below. MOONRAY KOJIMA, ATTORNEY

Date 9/17/03 (signed)

IN THE US PATENT OFFICE

EXAMINER - Ngyuen

GROUP - 2171

SN - 09/900569

FILED - 7/5/01

BY - Ogino

SIRS:

AMENDMENT

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SEP 25 2003

Technology Center 2100

Responsive to the OA of 8/6/03, please amend the above as follows:

ABSTRACT.. Kindly substitute the new Abstract set forth on "new page 43".

CLAIMS

Claims 1-30, previously cancelled.

Claims 31-58, cancelled herewith.

Add claims 59-75, attached hereto in Appendix A-E.

REMARKS

Claims 59-75 are in the application replacing claims 31-58 which have been cancelled to expedite prosecution. The newly drafted claims 59-75 now avoid the Section 102 and 103 rejections and avoid the Section 112 objections. A new Abstract is filed herewith (although we are puzzled by the objection that an Abstract cannot be one sentence).

Claims 59-70 are directed to the system. Claims 71-75 are directed to methods shown in FIGS. ^{2,} 4, 7, 9, 13 and 18. Namely.. Claim 71 encompasses all of those figures. Claim 72 is directed to FIG. 4. Claim 73 is directed to FIGS. 7, 9. Claim 74 is

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DOCKET NO. 0015049/279(128)

IN THE US PATENT OFFICE

EXAMINER - Ngyun

GROUP - 2171

SN - 09/900,569

FILED - 7/5/01

BY - Ogino

SIRS:

Document on which fee is calculated:

[] Application [x] Amendment

Entity Status: [x] Non-small entity

[] Small Entity; [] cert. filed herewith [] Cert. filed priorly

APPLICATION

Basic Fee \$ _____

Main claims (-3) _____ x \$ _____ = \$ _____

Total Claims (-20) _____ x \$ _____ = \$ _____

Multiple Dep. [] Yes [] No \$ _____

TOTAL \$ _____

AMENDMENT

| | After Amend. | Highst Prior | |
|-----------|-----------------|-----------------|------|
| Basic Fee | | | \$ 0 |

| | | | | | |
|----------------------|---|-------|-----|------|--------|
| (2) Main claims (-3) | 0 | (-) 0 | = 0 | x \$ | = \$ 0 |
|----------------------|---|-------|-----|------|--------|

| | | | | | |
|-------------------------|---|--------|-----|------|--------|
| (16) Total Claims (-20) | 0 | (-) 18 | = 0 | x \$ | = \$ 0 |
|-------------------------|---|--------|-----|------|--------|

Multiple Dep. 1st time [] Yes [x] No. \$ 0

DEFICIENCY \$ 0

FEE DUE \$ 0 [] Enclosed herewith by check

[] Charge to DA 11-1500, duplicate attached.

MOONRAY KOJIMA
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Respectfully,
M. KOJIMA

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MOONRAY KOJIMA, ATTORNEY

DATE 9/17/03